ignorance in our way, to be sure. But these can be overcome by wisdom and discretion. The mere herd can be led—but by whom is it to be led? That is the question. The ordinary, typical people keep the world in equilibrium; they are the steady, conservative element. But these who are just below the line—not stupid, but not quite rational—are the real 'dead-weight,' just because they can manage affairs, in a measure, but cannot themselves be managed by reason. And those who are bright and talented, but unbalanced, out of gear, unsteady, one-sidedly energetic, erratic, neuropathic, etc., they make the world go, they are often the self-elected leaders of the unthinking masses, but frequently enough they lead to destruction. They disturb the equilibrium, they produce morbid unrest and unhappiness. Sometimes they stir up forces that work for good, but equally often they do incalculable mischief. Our social, political, religious and ethical life is constantly affected by them and in danger from them."

"Here is a message of warning," said the doctor. "This is the reason why the problem of the atypical child that is allowed to grow up into an atypical, under-developed or neuropathic man or woman, is such a serious one."

THE TREATMENT OF NEURASTHENIA. Howell T. Pershing (Medical News, April 2, 1904).

The methods are tabulated as follows: I. Remedies whose chief effect is to prevent the loss of nervous energy. (A) Prevention of emotional disturbances: (1) By reassurance and favorable suggestion, (2) by forming the habit of muscular relaxation and repose. (B) Limitation of work. (C) Prevention of toxic conditions. (D) Removal of peripheral irritations. (E) Reduction of cortical irritability by medicines. (F) Sleep. II. Remedies whose chief effect is to increase the income of nervous energy. (A) Food. (B) Medicine. III. Remedies used empirically, whose action is complex or obscure: Electricity, massage, hydrotherapy, exercise, change of climate. W. B. NOYES.

CASE OF BRAIN TUMOR INVOLVING THE SUPERIOR PARIETAL CONVOLUTION. Theodore Diller (The Amer. Jour. of the Med. Sciences, Mar., 1904).

A man of good habits, age 56 years, developed neurasthenic symptoms, and one year later had a first attack of Jacksonian epilepsy. The attack began as a painful cramp in the left great toe; moving up the leg, it finally involved all the muscles of that leg and that side of the trunk. The arm and face were not involved, and the patient was conscious throughout the attacks. Following the convulsion there was slight weakness in the left arm and leg. These attacks came on about every month for twenty-six months, when he had a very severe attack, which was preceded by headache, and which left him dull and restless for thirty-six hours. An eye examination at this time showed an optic neuritis of the right eye and an appearance suggestive of that condition in the left eye. There is some mental deterioration observed by members of the family. Slight paresis is present in the left arm and leg. Muscular sense is impaired in the left hand, but stereognostic perception is normal in hands and feet. No ocular symptoms. Eyesight is good. Sensation is normal. Knee jerk is increased on the left side. There is a long protrusion in the median line of the skull five inches in front of the inion, which is tender on percussion. A diagnosis of brain tumor was made and operation decided upon. At the protuberance the bone was found soft and diseased. The dura was healthy, but beneath it at this point was a large tumor mass. There was so much hemorrhage that the patient collapsed and the operation was stopped. Six days later another attempt to remove the tumor was stopped for the same reason. After the operation his mental condition was much improved and the epileptic attacks became less frequent. He lived very comfortably for two years, then had two severe convulsions and died. At autopsy a large spindle-celled sarcoma was found on the right side of the brain, extending from the Rolandic fissure back to the parieto-occipital fissure. On the convexity of the brain it extended down to the upper portion of the inferior parietal convolution. On the mesial aspect of the brain it extended down to the upper third of the gyrus fornicatus. It therefore involved the superior parietal, paracentral and quadrate convolutions chiefly and the inferior parietal and gyrus fornicatus partially. The tumor was clearly defined from the brain substance at all points, and had it been operated on earlier it could probably have been successfully removed.

The noteworthy features of the case were the absence of vomiting and vertigo; the fact that the headache was severe once only, in the attack just before the operation; and that the optic neuritis probably subsided, since no appreciable defect of vision was present at any time after it was discovered.

C. D. Camp (Philadelphia).

Neuroses of the Status Lymphaticus. A. P. Ohlmacher (Journal of Amer. Med. Assn., Feb., 1904).

Status lymphaticus is a constitutional disorder characterized by a persistence or hyperplasia of the thymus gland, general lymphadenoid hyperplasia, frequently associated with cardiac and arterial hypoplasia, end evidences of rickets. Sudden death occurs in this disorder, as a sinking spell, with or without convulsions, sometimes during a minor operation. By some writers this is termed an abruptly fatal neurosis ("Nervenschlag" of the German authors). The convulsive phenomena resemble the abrupt assault of major epilepsy or infantile eclampsia. Laryngismus stridulus and infantile tetany are closely allied with eclampsia, are associated with the rachitic dyscrasia, and on autopsy many of the characteristics of status lymphaticus are found. The writer associates idiopathic major epilepsy with the lymphatic state. Death occurs as a reflex cardiac paralysis, the increased susceptibility of the heart to various forms of irritation being a part of lowered vital resistance. Escherich considers a latent irritability of the nervous system to be characteristic of the lymphatic constitution, causing reactions in the form of spasmodic conditions in various parts of the body in response to trifling stimuli. He would regard the constitutional disorder as the expression of an incomplete or perverted metabolism, that is, as a dyscrasia or chronic intoxication, comparable with Basedow's disease or myxedema.

In lymphatic epileptics, the writer believes a periodic increase of intracranial pressure is present, acting on the exterior or interior of the brain.

This manifests itself as a tendency to edema, characteristic of the status lymphaticus, and is a directly provocative factor of such neuroses as spasm of the glottis, tetany, infantile eclampsia, epilepsy, and the various forms of sudden death incidental to the lymphatic state. At autopsy persistent thymus gland, enlarged intestinal follicles, and the enlarged spleen are not found ordinarily in epileptics over 30 years of age, or those who have died of prolonged dementia, or exhaustion, or certain acute infections, but only in those who die suddenly.

The narrow arteries and relatively small heart are common as persistent features even in advanced age.

Noyes (New York).

Hemiplegia in Typhoid Fever. L. Stein (Pest. Med.-Chir. Presse, 1904, Jan. 10, p. 44).

Paralysis is a rare complication of typhoid fever. A man, aged 20, was admitted to hospital on Oct. 14. He had been ill since Oct. 9, the